

**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF HUMAN SERVICES**

**REQUEST TO ACCESS
EDUCATION REIMBURSEMENT**

To the Provider:

Please complete the section below and submit to the Early Intervention Program at:

R.I. Department of Human Services, Center for Child And Family Health, ATTN: Robin Etchingham, 600 New London Avenue, Cranston, RI 02920, or via fax at: (401) 462-6353. DHS will complete the bottom section and return the form to the Provider.

Requests for approval must be submitted seven days prior to training dates. Each request must include the training brochure and the description of the relevance to one's personnel development. Once the training has been completed, please return the approval form for reimbursement, along with proof of attendance. The reimbursement fee schedule is intended to offset the lost revenue for hours of personnel development related to the development of competencies in Early Intervention.

Maximum: 5 hours per day, per person. FTE hour allotment is 15 hrs per fiscal year. Part time employees are on a pro-rated schedule.

To Be Completed by Provider:

Provider: _____ FEIN# _____

Date of Request: _____

<u>Name of Staff Person to Attend</u>	<u>Hours Requested</u>	<u>Hours Remaining</u>
_____	_____	_____

Title of Training: _____

Length of Training (hours): _____ Date(s) of Training _____ Location: _____

Description of Training and Relevance to Competencies in EI: _____

Total Amount (\$25 x hours) \$ _____

DIRECTOR'S SIGNATURE: _____

To Be Completed by DHS

Status of Request _____ APPROVED, PENDING PROOF OF ATTENDANCE
_____ NOT APPROVED

Comments: _____

DHS STAFF SIGNATURE: _____ Date: _____

PROOF OF ATTENDANCE RECEIVED ON _____

APPROVED FOR PAYMENT _____ Date: _____

SUBMITTED FOR PAYMENT ON _____

PAYMENT DATE _____ INVOICE # _____ DATE: _____